



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Naoyuki MISAKA et al.  
**Title:** IMAGE INPUT APPARATUS AND IMAGE PROCESSING METHOD  
**Appl. No.:** Unassigned  
**Filing Date:** March 2, 2004  
**Examiner:** Unknown  
**Art Unit:** Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Naoyuki MISAKA  
Hirokazu SHODA

Enclosed are:

- [ X ] Japanese Language Specification, Claim(s), and Abstract (21 pages).
- [ X ] Informal drawings (10 sheets, Figures 1-25).
- [ X ] Declaration and Power of Attorney (2 pages).
- [ X ] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and TOSHIBA TEC KABUSHIKI KAISHA.
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Information Disclosure Statement.
- [ X ] Form PTO/SB/08 with copy of 1 listed reference(s).

[ X ] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	14	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	3	- 3	= 0 x	\$86.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL:	\$770.00
[ ] Small Entity Fees Apply (subtract 1/2 of above):					\$0.00
				TOTAL FILING FEE:	\$770.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
Processing Fee under 37 CFR 1.17(i) for Late Filing			+	\$130.00 =	\$130.00
of English Translation of Application:					
TOTAL FEE				=	\$940.00

[ X ] A check in the amount of \$940.00 to cover the filing fee, fee for late filing of translation and fee for recordation of Assignment is enclosed.

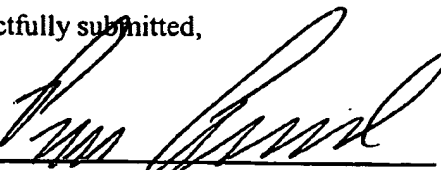
[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 2, 2004

By



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